

LINDA LINGLE
GOVERNOR



MARK J. BENNETT
ATTORNEY GENERAL

GARRY L. KEMP
ADMINISTRATOR

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY

OAHU BRANCH
Kakuhihewa Building
601 Kamokila Boulevard, Suite 251
Kapolei, Hawaii 96707-2021
Oahu: (808) 692-8265 All others: 1-888-317-9081 Fax: (808) 692-7060

CERTIFICATION OF ACCOUNT BALANCE

Case Number : 7611654
Custodial Parent : JOY REIKO MATSUYAMA
Non-Custodial Parent : ERIC TIMOTHY KRENING
Children & Date of Birth:

Docket Number: FC-D No. 01-1-3873

Child Name
JARED T S KRENING
EMMA E R KRENING

Child Birth
1/31/1995
8/7/1998

This report reflects the balance of the docket number identified above as of 4/30/2009.

	<u>STATE</u>	<u>PAYEE/OBLIGEE</u>	<u>OTHER</u>
Total	\$-.-	\$29,120.00	\$-.-

I hereby certify and state under penalty of perjury that this information is a true statement. This information was taken from the official records of the Child Support Enforcement Agency for the above mentioned obligor's child(ren) with no deletions or changes having been made.

Prepared by:


MYUNGHEE MIN

Child Support Enforcement Agency

Date: May 28, 2009

Approved by:


Branch Supervisor

Child Support Enforcement Agency.

Date:

05/29/2009

CHILD SUPPORT ENFORCEMENT AGENCY
MONTH-TO-MONTH TRANSACTION SUMMARY

NCP: KRENING, ERIC T
CASE NO: 7611654
DOCKET NO: FC-D No. 01-1-3873

CP: MATSUYAMA, JOY R
Preparation Date: 05/28/2009
Payments Received as of Date: 4/31/09

YEAR: 2007

MONTH	ORDERED	PAYMENT	DATE
JAN	\$1,040.00	\$0.00	
FEB	\$1,040.00	\$0.00	
MAR	\$1,040.00	\$0.00	
APRIL	\$1,040.00	\$0.00	
MAY	\$1,040.00	\$0.00	
JUNE	\$1,040.00	\$0.00	
JULY	\$1,040.00	\$0.00	
AUG	\$1,040.00	\$0.00	
SEPT	\$1,040.00	\$0.00	
OCT	\$1,040.00	\$0.00	
NOV	\$1,040.00	\$0.00	
DEC	\$1,040.00	\$0.00	
TOTAL	\$12,480.00	\$0.00	

YEAR: 2008

MONTH	ORDERED	PAYMENT	DATE
JAN	\$1,040.00	\$0.00	
FEB	\$1,040.00	\$0.00	
MAR	\$1,040.00	\$0.00	
APRIL	\$1,040.00	\$0.00	
MAY	\$1,040.00	\$0.00	
JUNE	\$1,040.00	\$0.00	
JULY	\$1,040.00	\$0.00	
AUG	\$1,040.00	\$0.00	
SEPT	\$1,040.00	\$0.00	
OCT	\$1,040.00	\$0.00	
NOV	\$1,040.00	\$0.00	
DEC	\$1,040.00	\$0.00	
TOTAL	\$12,480.00	\$0.00	

NOTES:

A = arrears

() = refunds/negative payment adjustment

** = others

CHILD SUPPORT ENFORCEMENT AGENCY
MONTH-TO-MONTH TRANSACTION SUMMARY

NCP: KRENING, ERIC T
CASE NO: 7611654
DOCKET NO: FC-D No. 01-1-3873

CP: MATSUYAMA, JOY R
Preparation Date: 05/28/2009
Payments Received as of Date: 4/31/09

YEAR: 2009

MONTH	ORDERED	PAYMENT	DATE
JAN	\$1,040.00	\$0.00	
FEB	\$1,040.00	\$0.00	
MAR	\$1,040.00	\$0.00	
APRIL	\$1,040.00	\$0.00	
MAY			
JUNE			
JULY			
AUG			
SEPT			
OCT			
NOV			
DEC			
TOTAL	\$4,160.00	\$0.00	

YEAR:

MONTH	ORDERED	PAYMENT	DATE
JAN			
FEB			
MAR			
APRIL			
MAY			
JUNE			
JULY			
AUG			
SEPT			
OCT			
NOV			
DEC			
TOTAL	\$0.00	\$0.00	

NOTES:

A = arrears

() = refunds/negative payment adjustment

** = others

ERIC TIMOTHY KRENING

PLAINTIFF/PETITIONER ☐ Mother ☒ Father

vs. 09-3-04569-4 SEA

JOY MATSUYAMA

DEFENDANT/RESPONDENT ☒ Mother ☐ Father

This document is prepared by
☐ Plaintiff ☐ Defendant ☐ Atty. for Plaintiff ☒ Atty. for Defendant
EVERETT CUSKADEN, Esq. 1296-0
Name
EVERETT CUSKADEN
1188 Bishop Street
Suite 1401
Address
Honolulu, HI 96813
City, State, Zip
Tel: 808-545-1331 Fax: 808-545-1911
Telephone

Line 1	BASE PRIMARY SUPPORT \$250 x 2 (# of children)			500
2	Plus Monthly Child Care Expenses			+
3	Plus Monthly Health/Dental Insurance for the Child(ren)			+ 53
4	PRIMARY SUPPORT NEED (add lines 1, 2 and 3)			= 553
		FATHER (A)	MOTHER (B)	TOTAL (C)
5	Parents's SOLA Income (from Table)	4382	+ 8807	= 13189
6	Less PRIMARY SUPPORT NEED (from line 4)			- 553
7	Parents' Net SOLA Income (line 5 - line 6)			12636
8	SOLA Percentage, 10% per child, up to 30%			x 20 %
9	SOLA OBLIGATION (line 7 x line 8)			2527.2
10	TOTAL SUPPORT NEED (line 4 + line 9)			3080.2
		FATHER (A)	MOTHER (B)	TOTAL (C)
11	Monthly Gross Income FEB 23 2007	5200	+ 9565	= 14765
12	Monthly Net Income (from Table) FAMILY COURT, FIRST JUDICIAL CIRCUIT	2670	+ 5199	= 7869
13	Income Percentage (line 12 (A) ÷ line 12(C)) or (line 12(B) ÷ line 12(C))	33.9 %	66.1 %	70% of Father's Net Income:
14	Support Payable By Each Parent (line 10) x Parent's (line 13) %	1044.00	2036.00	\$1869
15	Less Monthly Child Care Expense for Parent Who Pays	-		
16	Less Monthly Health Insurance Cost for Parent Who Pays	-	53	70% of Mother's Net Income:
17	REMAINING CHILD SUPPORT PAYABLE BY EACH PARENT (Round to nearest \$10.00)	1040.00	1980.00	\$3639
18	<input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father pays to <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father in child support for a total of \$1040.00 per month (\$ 520.00 per child per month). <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father pays health insurance. <input type="checkbox"/> Mother <input type="checkbox"/> Father pays child care expenses.			

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

Father

Date

Mother

Date

For exceptional circumstances see attached Exceptional Circumstances Form
For joint physical custody calculations or visitation 143 days or over per year, see Child Support Guidelines Worksheet For Joint Custody/Extensive Visitation and enter amounts on line 18.

For Court Use Only

CLERK

2007 MAR -7 PM 2:10
N. ANAYA

1ST CIRCUIT COURT
STATE OF HAWAII
FILED

I do hereby certify that this is a full, true and correct copy of the original on file in this office.

Clerk, Circuit Court, First Circuit

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	ORDER <input checked="" type="checkbox"/> Granting <input type="checkbox"/> Denying <input type="checkbox"/> in Part <input type="checkbox"/> Continuing <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Re: Defendant's <input type="checkbox"/> Motion to <input type="checkbox"/> Continue <input type="checkbox"/> Withdraw <input checked="" type="checkbox"/> Motion and Affidavit for Post-Decree Relief	CASE NUMBER FC-D No. 01-1-3873
<u>ERIC TIMOTHY KRENING</u> <div style="text-align: right;">PLAINTIFF,</div> <div style="text-align: center; margin-top: 20px;"> 09-3-04569-4 SEA VS. </div> <u>JOY MATSUYAMA</u> <div style="text-align: right;">DEFENDANT.</div>		This document is prepared by: <input checked="" type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant Everett Cuskaden, Esq. 1296-0 EVERETT CUSKADEN & ASSOCIATES 707 Richards Street, Suite 528 Honolulu, Hawaii 96813 Phone: (808) 545-1331 Fax: (808) 545-1911
Motion Filed On: April 11, 2007		Judge: Karen M. Radius
Hearing Date: May 9, 2007		
Present at the Hearing: <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Attorney for Plaintiff <u>Francis T. O'Brien</u> <input checked="" type="checkbox"/> Defendant <input checked="" type="checkbox"/> Attorney for Defendant <u>Everett Cuskaden and</u> <input type="checkbox"/> Other: <u>Kaha Cuskaden</u>		
<input type="checkbox"/> Attorney _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant was/were duly served but failed to appear.		
Based upon the representation/record made, IT IS HEREBY ORDERED that the <input type="checkbox"/> oral motion is <input type="checkbox"/> granted <input type="checkbox"/> denied <input type="checkbox"/> granted in part <input type="checkbox"/> denied in part as follows:		
① The motion is granted.		
② Child support arrears owed by Plaintiff through May 31, 2007 is \$5,200 and judgment in that amount is entered against Plaintiff. Judgment is entered forthwith and statutory interest shall apply to the judgment amount.		
③ Attorney's fees to Defendant are granted. Defendant's counsel shall present an affidavit reflecting the legal fees incurred in this motion and submit it to the court.		
<input checked="" type="checkbox"/> Continuation Page(s) Attached. Signatures on Last Page.		
APPROVED:		
<input type="checkbox"/> Form <input type="checkbox"/> Content _____	Plaintiff	
<input type="checkbox"/> Form <input type="checkbox"/> Content _____	Defendant	
<input type="checkbox"/> Form <input type="checkbox"/> Content _____	Attorney/Plaintiff	
<input checked="" type="checkbox"/> Form <input type="checkbox"/> Content _____	Attorney/Defendant	
<input type="checkbox"/> Form <input type="checkbox"/> Content _____	Other	
Date _____	Judge <u>see page 2 - 1</u>	

I do hereby certify that this is a full, true and correct copy of the original on file in this office.

Hydrogizman
Clerk, Circuit Court, First Circuit

FOR COURT USE ONLY

FILE COPY

EXPEDITED ORDER - SHORT FORM

1ST CIRCUIT COURT
 STATE OF HAWAII
 FILED

2007 MAY 10 PM 4:07
 N. ANAYA
 CLERK

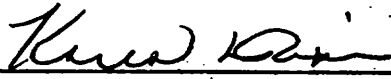
STATE OF HAWAII Family Court First Circuit	CONTINUATION SHEET	CASE NUMBER FC-D No. 01-1-3873
--------------------------------------------------	--------------------	------------------------------------------

<p><u>ERIC TIMOTHY KRENING</u> Petitioner/Plaintiff</p> <p style="text-align: center;">VS.</p> <p><u>JOY MATSUYAMA</u> Defendant</p>	<p>This document is prepared by: <input checked="" type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant</p> <p>Everett Cuskaden, Esq. 1296-0 EVERETT CUSKADEN & ASSOCIATES 707 Richards Street, Suite 528 Honolulu, Hawaii 96813 Phone: (808) 545-1331 Fax: (808) 545-1911</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------


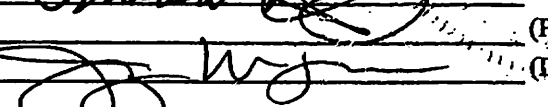
with a copy to Mr. O'Brien who shall have 10 days to submit his response. The court will then determine the amount of legal fees to be awarded to Defendant.

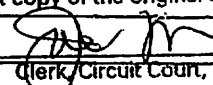

④ Plaintiff is ordered to pay his 'line 13' share of the private school tuition of the children. The amount owed by Plaintiff for the Jan. 2007 through June 2007 period/semester shall be determined by applying Plaintiff's line 13 ratio of the filed CSGW to the tuition expenses of both children for the above period. Defendant shall submit an affidavit with supporting documents, as to the amount of tuition that was/is due for the time period, to include invoices and payments made. The current ratio for Plaintiff reflected by the filed CSGW is believed to be 33.9%. The court will determine the final amount owed by Plaintiff for his share of the Jan. 2007 to June 2007 tuition of the children and submit an appropriate order. Judgment on that amount is to enter upon the filing of the order, with ^{statutory} interest.

Dated: Honolulu, Hawaii MAY 10 2007


 JUDGE OF THE ABOVE ENTITLED COURT
 KAREN M. RADIUS

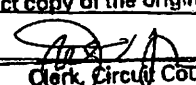

APPROVED:

<input type="checkbox"/> Form	<input type="checkbox"/> Content		
<input checked="" type="checkbox"/> Form	<input type="checkbox"/> Content		
<input type="checkbox"/> Form	<input type="checkbox"/> Content		(Plaintiff)
<input type="checkbox"/> Form	<input type="checkbox"/> Content		(Defendant)

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	ORDER <input checked="" type="checkbox"/> Granting <input checked="" type="checkbox"/> Denying <input checked="" type="checkbox"/> in Part <input type="checkbox"/> Continuing <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Re: Defendant's <input type="checkbox"/> Motion to <input type="checkbox"/> Continue <input type="checkbox"/> Withdraw <input checked="" type="checkbox"/> Motion to Compel Discovery and for Sanctions et al	CASE NUMBER FC-D No. 01-1-3873
<u>ERIC TIMOTHY KRENING</u> <div style="text-align: right;">PLAINTIFF,</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">09 - 3 - 04 56 9 - 4 SEA</div> <div style="text-align: center;">VS.</div> <u>JOY MATSUYAMA</u> <div style="text-align: right;">DEFENDANT.</div>		This document is prepared by: <input checked="" type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant Everett Cuskaden, Esq. 1296-0 EVERETT CUSKADEN & ASSOCIATES 707 Richards Street, Suite 528 Honolulu, Hawaii 96813 Phone: (808) 545-1331 Fax: (808) 545-1911
Motion Filed On: September 21, 2006 Judge: Christine E. Kuriyama Hearing Date: September 28, 2006		
Present at the Hearing: <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Attorney for Plaintiff <u>Francis T. O'Brien</u> <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Attorney for Defendant <u>Everett Cuskaden</u> <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Attorney _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant was/were duly served but failed to appear.		
Based upon the representation/record made, IT IS HEREBY ORDERED that the <input type="checkbox"/> oral motion is <input type="checkbox"/> granted <input type="checkbox"/> denied <input type="checkbox"/> granted in part <input type="checkbox"/> denied in part as follows:		
Pursuant to the September 29, 2006 Order Granting Denying in Part Re: Defendant's Motion to to Compel Discovery and for Sanctions et al, the amount of \$ <u>1201.03</u> is awarded to Defendant for attorney's fees, and is to be paid forthwith by Plaintiff through counsel.		
I do hereby certify that this is a full, true and correct copy of the original on file in this office.		
 Clerk, Circuit Court, First Circuit		
<input type="checkbox"/> _____ Continuation Page(s) Attached. Signatures on Last Page.		
APPROVED:		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Form <input type="checkbox"/> Content _____ <input type="checkbox"/> Form <input type="checkbox"/> Content _____ <input type="checkbox"/> Form <input type="checkbox"/> Content _____ <input type="checkbox"/> Form <input type="checkbox"/> Content _____ <input type="checkbox"/> Form <input type="checkbox"/> Content _____ </div> <div style="text-align: right;"> Plaintiff Defendant Attorney/Pltff Attorney/Deft Other </div> </div>		
Date APR 13 2007	Judge 	

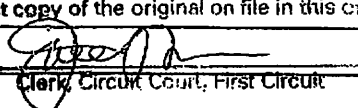
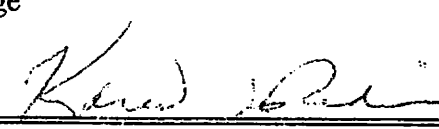
APR 13 PM 3:11
 CLERK

FILE COPY

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	ORDER <input checked="" type="checkbox"/> Granting <input checked="" type="checkbox"/> Denying <input type="checkbox"/> in Part <input type="checkbox"/> Continuing <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Re: Defendant's <input type="checkbox"/> Motion to <input type="checkbox"/> Continue <input type="checkbox"/> Withdraw <input checked="" type="checkbox"/> Motion to Compel Discovery and for Sanctions et al	CASE NUMBER FC-D No. 01-1-3873
ERIC TIMOTHY KRENING <div style="text-align: center;">PLAINTIFF,</div> <div style="text-align: center;">09 - 3 - 04 56 9 - 4 SEA</div> <div style="text-align: center;">VS.</div> JOY MATSUYAMA <div style="text-align: center;">DEFENDANT.</div>		This document is prepared by: <input checked="" type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant Everett Cuskaden, Esq. 1296-0 EVERETT CUSKADEN & ASSOCIATES 707 Richards Street, Suite 528 Honolulu, Hawaii 96813 Phone: (808) 545-1331 Fax: (808) 545-1911
Motion Filed On: April 11, 2007		Judge: Karen M. Radius
Hearing Date: May 9, 2007		
Present at the Hearing: <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Attorney for Plaintiff <u>Francis T. O'Brien</u> <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Attorney for Defendant <u>Everett Cuskaden</u> <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Attorney _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant was/were duly served but failed to appear.		
Based upon the representation/record made, IT IS HEREBY ORDERED that the <input type="checkbox"/> oral motion is <input type="checkbox"/> granted <input type="checkbox"/> denied <input type="checkbox"/> granted in part <input type="checkbox"/> denied in part as follows:		
Pursuant to the May 10, 2007 Order Granting Denying in Part Re: Defendant's Motion to Compel Discovery and for Sanctions et al, the amount of \$ <u>750.00</u> is awarded to Defendant for attorney's fees, and is to be paid forthwith by Plaintiff through counsel.		
I do hereby certify that this is a full, true and correct copy of the original on file in this office.		
 Clerk, Circuit Court, First Circuit		
<input type="checkbox"/> Continuation Page(s) Attached. Signatures on Last Page.		
APPROVED:		
<input type="checkbox"/> Form <input type="checkbox"/> Content _____ Plaintiff		2007 OCT - 3 PM 3:09 N. ANAYA CLERK STATE OF HAWAII FILED 1ST CIRCUIT COURT
<input type="checkbox"/> Form <input type="checkbox"/> Content _____ Defendant		
<input type="checkbox"/> Form <input type="checkbox"/> Content _____ Attorney/Pltff		
<input type="checkbox"/> Form <input type="checkbox"/> Content _____ Attorney/Defn		
<input type="checkbox"/> Form <input type="checkbox"/> Content _____ Other		
Date OCT - 3 2007	Judge 	
FOR COURT USE ONLY		

FILE COPY

EXPEDITED ORDER - SHORT FORM

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	ORDER <input checked="" type="checkbox"/> Granting <input type="checkbox"/> Denying <input type="checkbox"/> in Part <input type="checkbox"/> Continuing <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Re: Defendant's <input type="checkbox"/> Motion to <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Withdraw <input checked="" type="checkbox"/> Motion and Affidavit for Post-Decree Relief	CASE NUMBER FC-D No. 01-1-3873															
ERIC TIMOTHY KRENING <div style="text-align: right;">PLAINTIFF,</div> <div style="text-align: center; font-size: 1.2em;">09 - 3 - 04 56 9 - 4 SEA</div> <div style="text-align: center;">VS.</div> JOY MATSUYAMA <div style="text-align: right;">DEFENDANT.</div>		This document is prepared by: <input checked="" type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant Everett Cuskaden, Esq. 1296-0 EVERETT CUSKADEN & ASSOCIATES 707 Richards Street, Suite 528 Honolulu, Hawaii 96813 Phone: (808) 545-1331 Fax: (808) 545-1911															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Motion Filed On: April 11, 2007</td> <td style="width: 33%;">Judge: Karen M. Radius</td> <td style="width: 33%;">Hearing Date: May 9, 2007</td> </tr> </table>			Motion Filed On: April 11, 2007	Judge: Karen M. Radius	Hearing Date: May 9, 2007												
Motion Filed On: April 11, 2007	Judge: Karen M. Radius	Hearing Date: May 9, 2007															
Present at the Hearing: <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Attorney for Plaintiff <u>Francis T. O'Brien</u> <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Attorney for Defendant <u>Everett Cuskaden and</u> <input type="checkbox"/> Other: <u>Katra Cuskaden</u>																	
<input type="checkbox"/> Attorney _____ <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant was/were duly served but failed to appear.																	
Based upon the representation/record made, IT IS HEREBY ORDERED that the <input type="checkbox"/> oral motion is <input type="checkbox"/> granted <input type="checkbox"/> denied <input type="checkbox"/> granted in part <input type="checkbox"/> denied in part as follows:																	
Pursuant to the May 10, 2007 Order Granting Re: Defendant's Motion and Affidavit for Post-Decree Relief, the amount of \$ <u>4,037.17</u> is awarded to Defendant for Plaintiff's share of the January 2007 to June 2007 tuition of the children, and is to be paid forthwith by Plaintiff through counsel.																	
I do hereby certify that this is a full, true and correct copy of the original on file in this office.																	
 Clerk, Circuit Court, First Circuit		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT - 9 2007 FAMILY COURT, FIRST JUDICIAL CIRCUIT </div>															
<input type="checkbox"/> Continuation Page(s) Attached. Signatures on Last Page.																	
APPROVED:																	
<table style="width: 100%;"> <tr> <td style="width: 33%;">[] Form</td> <td style="width: 33%;">[] Content</td> <td style="width: 33%;">Plaintiff</td> </tr> <tr> <td>[] Form</td> <td>[] Content</td> <td>Defendant</td> </tr> <tr> <td>[] Form</td> <td>[] Content</td> <td>Attorney/Pltff</td> </tr> <tr> <td>[] Form</td> <td>[] Content</td> <td>Attorney/Deflt</td> </tr> <tr> <td>[] Form</td> <td>[] Content</td> <td>Other</td> </tr> </table>			[] Form	[] Content	Plaintiff	[] Form	[] Content	Defendant	[] Form	[] Content	Attorney/Pltff	[] Form	[] Content	Attorney/Deflt	[] Form	[] Content	Other
[] Form	[] Content	Plaintiff															
[] Form	[] Content	Defendant															
[] Form	[] Content	Attorney/Pltff															
[] Form	[] Content	Attorney/Deflt															
[] Form	[] Content	Other															
Date NOV 13 2007	Judge 																
		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2007 NOV 13 PM 1:16 CLERK </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 1ST CIRCUIT COURT STATE OF HAWAII FILED </div> </div> FOR COURT USE ONLY															

KAREN M. RADIUS

FILE COPY

EXPEDITED ORDER - SHORT FORM

1
2
3
4
5
6
7
8 **Superior Court of Washington**
9 **County of KING**

10
11 Joy Matsuyama
12 Plaintiff,
13 v.
14 Eric Krening,
15 Defendant

No. **09 - 3 - 04 56 9 - 4** SEA

**Sealed Financial Source
Documents
(Cover Sheet)
(SEALFN)
Clerk's action required**

16 **Sealed Financial Source Documents**

17 (List below source and write "Sealed" at least one inch from the
18 top of the first page of each document.)

19 Attached is a certified copy of the Amended Order/Notice to
20 Withhold Income for Child Support, dated November 1, 2007, which
21 contains Defendant Eric Krening's social security number.

22 Under RCW 26.21, a duplicate copy of this document is being
23 supplied to the Clerk of Court for King County, Washington.

24 //


25 //

FILE COPY

26 *Sealed fin source doc - cover sheet - page 1*

27 **KIRK GRIFFIN, ATTORNEY AT LAW**
28 **ONE UNION SQUARE #2100**
600 UNIVERSITY STREET
SEATTLE, WA 98101
TELEPHONE: (206) 676-7500 FAX: (206) 676-7575
E-mail: kirk@kgriffinlaw.com

Submitted this 3rd day of June, 2009.


Kirk Griffin, WSBA #6605
Attorney for Plaintiff

Note: the other party will have access to these financial source documents. If you are concerned for your safety or the safety of the children, you may redact (block out or delete) information that identifies your location.

Sealed fin source doc – cover sheet - page 2

KIRK GRIFFIN, ATTORNEY AT LAW
ONE UNION SQUARE #2100
600 UNIVERSITY STREET
SEATTLE, WA 98101
TELEPHONE: (206) 676-7500 FAX: (206) 676-7575
E-mail: kirk@kgriffinlaw.com

EVERETT CUSKADEN & ASSOCIATES

Attorneys at Law - A Law Corporation

EVERETT CUSKADEN 1296-0

KATRA CUSKADEN 8248

707 Richards Street, Suite 528

Honolulu, Hawaii 96813

Telephone: (808) 545-1331

Facsimile: (808) 545-1911

[] Attorney for Plaintiff

[X] Attorneys for Defendant

1ST CIRCUIT COURT
STATE OF HAWAII
FILED

2007 NOV -1 AM 10:04

T. WONG
CLERK

SEALED

IN THE FAMILY COURT OF THE FIRST JUDICIAL CIRCUIT

STATE OF HAWAII

ERIC TIMOTHY KRENING

) FC- D No. 01-1-3873

)

)

[X] Plaintiff

[] Petitioner

)

[] ORIGINAL [X] AMENDED

)

[] TERMINATION

vs.

)

ORDER/NOTICE TO WITHHOLD

)

INCOME FOR CHILD SUPPORT

JOY REIKO MATSUYAMA

)

)

)

[X] Defendant

[] Respondent

)

)

[] ORIGINAL [X] AMENDED [] TERMINATION
ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

RECEIVED

OCT 29 2007

1FC 12/05

FAMILY COURT, FIRST JUDICIAL CIRCUIT

I do hereby certify that this is a full, true and
correct copy of the original on file in this office.

[Signature]
Clerk, Circuit Court, First Circuit

OMB0970-154

☒ ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
☐ NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT

☐ Original ☒ Amended ☐ Termination Date: December 22, 2006
☒ State/Tribe/Territory HAWAII
City/Co./Dist./Reservation CITY AND COUNTY OF HONOLULU
☐ Non-governmental entity or Individual _____
Tribunal/Case Number: FC- D No. 01-1-3873

<u>Herman Recor Araki Kaufman Simmerly & Jackson</u>	RE: <u>Krening, Eric, T.</u>
Employer's/Withholder's Name	Employee's/Obligor's Name (Last, First, MI)
<u>2100 116th Ave NE</u>	<u>[REDACTED] 1720</u>
<u>Bellevue, WA 98004-3016</u>	Employee's/Obligor's Social Security Number
	<u>FC- D No. 01-1-3873</u>
Employer's/Withholder's Address	Employee's/Obligor's Case Identifier
	<u>Matsuyama, Joy, R.</u>
Employer's/Withholder's Federal EIN Taxpayer ID No. (if known)	Obligee's Name (Last, First, MI)

ORDER INFORMATION: This Order/Notice is based on the support order from HAWAII.
You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ <u>1,040.00</u>	Per month	current child support	
	Per month	past-due child support	Arrears 12 weeks or greater? <input type="checkbox"/> yes <input type="checkbox"/> no
	Per month	current medical support	
	Per month	past-due child support	
	Per month	spousal support	
	Per month	other (specify)	

for a total of \$ \$1,040.00 Per month to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one for the following amounts.

\$ <u>240.00</u> per weekly pay period.	\$ <u>520.00</u> per semimonthly pay period (twice a month)
\$ <u>480.00</u> per biweekly pay period (every 2 weeks).	\$ <u>1,040.00</u> per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is HAWAII, begin withholding no later than the first pay period occurring 7 days after the date of receiving this notice/order. Send payment within 5 working days of the pay date/date of withholding. The total withheld amount, including your fee, may not exceed 60 % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not HAWAII for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

Make check payable to: CHILD SUPPORT ENFORCEMENT AGENCY Case FC-D No. 01-1-3873
Send check to: CHILD SUPPORT ENFORCEMENT AGENCY
STATE DISBURSEMENT UNIT
P.O. BOX 1860
HONOLULU, HI 96805-1860

If remitting payment by EFT/EDI, call (808) 692-7013 before first submission. Use this FIPS code: _____
Bank routing number: _____ Bank account number: _____

If this is an Order/Notice to Withhold:

Print Name

KAREN M. RADIUS

Title of Issuing Official JUDGE, FAMILY COURT, FIRST CIRCUIT

Signature and Date

Karen Radius

NOV 01 2007

☐ IV-D Agency

☒ Court

☐ Attorney with authority under state law to issue order/notice.

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

☐ If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

1. **Priority:** Withholding under this Order/Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below (See 10 below.)

2. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below)

5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or the contact person listed below. (See 10 below.)

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR:

EMPLOYEE'S/OBLIGOR'S NAME: Eric Timothy Krening

CASE IDENTIFIER: FC- D No. 01-1-3873

DATE OF SEPARATION FROM EMPLOYMENT:

LAST KNOWN HOME ADDRESS:

NEW EMPLOYER/ADDRESS:

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.

7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure. This Order/Notice is applicable to all employers and to all income as defined in Sections 571-52(e), 571-52.2(n), 576E-1, and 576E-16(f) of the Hawaii Revised Statutes

8. **Anti-discrimination:** You are subject to a fine determined under State or tribal law for discharging an employee/ obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

9. **Withholding Limits:** For state order, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C § 1673(b)); or 2) the amounts allowed by the state of the employee's/ obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks. For tribal orders, you may not withhold more than the amounts allowed under the law of the state that issued the order.

**Child(ren)'s Names/DOB
and Additional Information:**

<u>Jared Timothy Seiichi Krening</u>	/	<u>1/31/95</u>
<u>Emma Elisabeth Reiko Krening</u>	/	<u>8/7/98</u>
<u> </u>	/	<u> </u>
<u> </u>	/	<u> </u>
<u> </u>	/	<u> </u>
<u> </u>	/	<u> </u>

10. If you or your employee/obligor have any questions, contact. CHILD SUPPORT ENFORCEMENT AGENCY - OAHU BRANCH by telephone at 587-4250 ALL OTHERS: 1-888-317-9081 by Fax at (808) 692-7060 or by internet at

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8 **Superior Court of Washington**
9 **County of KING**

10 Joy Matsuyama
11 Plaintiff,
12 v.
13 Eric Krening,
14 Defendant

09 - 3 - 04 569 - 4 SEA
No.

**Declaration of Joy Matsuyama
re: Registering Support Orders
for Enforcement**

15 I, JOY MATSUYAMA, hereby make this declaration under
16 penalty of perjury of the laws of the state of Washington.

17 I am the plaintiff in this matter, of legal age, and
18 competent to be a witness.
19

20 Defendant Eric Krening is indebted to me under numerous
21 orders and judgments entered in the Family Court of the First
22 Circuit of the State of Hawaii, cause number FC-D No. 01-1-3873.
23 This declaration is made in support of my request that the
24 Hawaii orders and judgments be registered in the state of
25 Washington for enforcement under RCW 26.21.
26
27

28 Dec. of Pl. re: register Hawaii support orders;

p. 1 of 3

FILED COPY

KIRK GRIFFIN, ATTORNEY AT LAW
ONE UNION SQUARE #2100
600 UNIVERSITY STREET
SEATTLE, WA 98101
TELEPHONE: (206) 676-7500/ FAX: (206) 676 7575
E-mail: kirk@kgriffinlaw.com

Mr. Krening's consolidated arrearage as of the dates specified below is **\$62,910.69**, comprised as follows, calculated as follows:

1. Back due support as follows:

- a. \$1,040/month x 30 months, through June 2009, = **\$31,200.00.**
- b. A judgment for back due support of \$5,200.00 entered on May 10, 2007, which judgment is part of foregoing \$31,200.00; and
- c. Interest on the above judgment at the Hawaii statutory rate of 10% simple interest is \$43.33 per month for 25 months (6/1/07 through 6/30/09) is **\$1,083.33.**

2. Back due tuition at his court-ordered rate of 33.9% is as follows:

- a. For January through June 2007, **\$4,037.17** (per order of May 10, 2007);
- b. For July 2007 through June 2008: \$19,652.30 (Emma) + \$16,295.00 (Jared) = \$35,947.30 x .339 = **\$12,186.13;** and
- c. For July 2008 through April/May 2009: \$19,451.60 (Emma) + \$17,283.00 (Jared) = \$36,734.60 x .339 = **\$12,453.03.**

3. Attorney fees as follows:

- a. **\$1,201.03** awarded 4/13/07; and
- b. **\$750.00** awarded 10/03/07.

4. If interest is due under Hawaii law for the arrearages under the orders, then an additional **\$7,941.84** is owed, calculated as follows:

- a. Simple interest at the Hawaii rate of 10% on the support arrearage, computed for each missed monthly payment since 6/1/07 is \$2,816.67;
- b. Simple interest at 10% on \$4,037.17 for tuition from June 1, 2007 is \$33.643/month x 25 months = \$841.07;
- c. Simple interest at 10% on \$12,186.13 for tuition from June 1, 2007 is \$101.551/month x 25 months = \$2,538.77;
- d. Simple interest at 10% on \$12,453.03 for tuition from June 1, 2008 is \$103.775/month x 13 months =

\$1,349.08;

e. Simple interest at 10% on \$1,201.03 for attorney fees from 4/13/07 is \$10.00/month x 26-1/2 months = \$265.00;

f. Simple interest at 10% on \$750.00 for attorney fees from 10/03/07 is \$6.25/month x 21 months = \$131.25.

Mr. Krening has made no payments on any of these orders/judgments.

Mr. Krening's social security number will be provided under seal.

Signed at Honolulu, Hawaii on July _____, 2009.

SEE ATTACHED
Joy Matsuyama, Plaintiff

Dec. of Pl. re: register Hawaii support orders;

p. 3 of 3

KIRK GRIFFIN, ATTORNEY AT LAW
ONE UNION SQUARE #2100
600 UNIVERSITY STREET
SEATTLE, WA 98101
TELEPHONE: (206) 676-7500/ FAX: (206) 676 7575
E-mail: kirk@kgriffinlaw.com

Jul-01-2009 12:26pm From-STRAUB PH CY

808 522 3670

T-453 P.002/002 F-467

1 \$1,349.08;

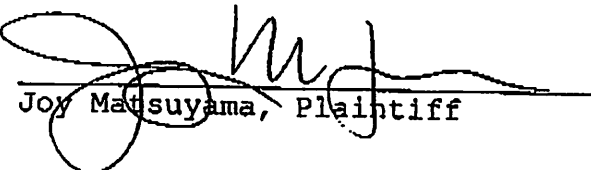
2 e. Simple interest at 10% on \$1,201.03 for attorney
3 fees from 4/13/07 is \$10.00/month x 26-1/2 months =
4 \$265.00;

5 f. Simple interest at 10% on \$750.00 for attorney fees
6 from 10/03/07 is \$6.25/month x 21 months = \$131.25.

7 Mr. Krening has made no payments on any of these
8 orders/judgments.

9 Mr. Krening's social security number will be provided under
10 seal.

11 Signed at Honolulu, Hawaii on July 1, 2009.

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13 Joy Matsuyama, Plaintiff
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28 Dec. of Pl. re: register Hawaii support orders;

p. 3 of 3

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CONFIDENTIAL INFORMATION FORM (INFO)																																										
County: King		Cause Number: 9 - 3 - 04569 - 4 SE		Do not file in a public access file.																																						
COURT CLERK: THIS IS A RESTRICTED ACCESS DOCUMENT																																										
<input checked="" type="checkbox"/> Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications <input type="checkbox"/> Other <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Antiharassment <input type="checkbox"/> Information Change (Check if you are updating information) <input type="checkbox"/> A restraining order or protection order is in effect protecting <input type="checkbox"/> the petitioner <input type="checkbox"/> the respondent <input type="checkbox"/> the children. <input type="checkbox"/> The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: _____																																										
<p style="text-align: center;">The following information about the parties is required in all cases: (Use the Addendum To Confidential Information Form to list additional parties or children)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">Petitioner Information</th> <th style="text-align: center; padding: 5px;">Type or Print only</th> <th colspan="3" style="text-align: right; padding: 5px;">Respondent Information</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="padding: 5px;">Name (Last, First, Middle) Matsuyama, Joy</td> <td colspan="3" style="padding: 5px;">Name (Last, First, Middle) Krening, Eric</td> </tr> <tr> <td style="padding: 5px;">Race Asian</td> <td style="padding: 5px;">Sex F</td> <td style="padding: 5px;">Birthdate 7/15/1964</td> <td style="padding: 5px;">Race Caucasian</td> <td style="padding: 5px;">Sex M</td> <td style="padding: 5px;">Birthdate 12/6/1960</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Driver's Lic. or Identocard (# and State) [REDACTED] Hawaii</td> <td colspan="3" style="padding: 5px;">Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address) ???</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Mailing Address (P.O. Box/Street, City, State, Zip) 6105B Summer St., Honolulu, Hawaii</td> <td colspan="3" style="padding: 5px;">Mailing Address (P.O. Box/Street, City, State, Zip) 2100- 116th Ave NE, Bellevue, WA 98004</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Relationship to Child(ren) Mother</td> <td colspan="3" style="padding: 5px;">Relationship to Child(ren) Father</td> </tr> </tbody> </table>						Petitioner Information			Type or Print only	Respondent Information			Name (Last, First, Middle) Matsuyama, Joy			Name (Last, First, Middle) Krening, Eric			Race Asian	Sex F	Birthdate 7/15/1964	Race Caucasian	Sex M	Birthdate 12/6/1960	Driver's Lic. or Identocard (# and State) [REDACTED] Hawaii			Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address) ???			Mailing Address (P.O. Box/Street, City, State, Zip) 6105B Summer St., Honolulu, Hawaii			Mailing Address (P.O. Box/Street, City, State, Zip) 2100- 116 th Ave NE, Bellevue, WA 98004			Relationship to Child(ren) Mother			Relationship to Child(ren) Father		
Petitioner Information			Type or Print only	Respondent Information																																						
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Relationship to Child(ren) Mother			Relationship to Child(ren) Father																																							
<p>The following information is required if there are children involved in the proceeding. (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment).)</p> <p>1) Child's Name (Last, First, Middle) Krening, Emma</p> <p>Child's Race/Sex/Birthdate: Asian/Caucasian, Female, 8/7/98</p> <p>Child's Soc. Sec. No. (If required) N/A</p> <p>Child's Present Address or Whereabouts: With mother</p>																																										

FILE COPY

Jul-01-2009 08:28am From-STRAUB PHARMACY

808 522 3670

T-452 P.003/003 F-462

2) Child's Name (Last, First, Middle): Krening, Jared

Child's Race/Sex/Birthdate Asian/Caucasian, Male, 1/31/95

Child's Soc. Sec. No. (If required) N/A

Child's Present Address or Whereabouts: With Mother

List the names and present addresses of the persons with whom the child(ren) lived during the last five years: With mother, same address all five years, couple years with father, unknown present address
also

List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):
N/A

Except for petitions in protection order cases (Domestic Violence/Antiharassment), the following information is required:

Petitioner's Information	Respondent's Information
Soc. Sec. No.: [REDACTED]-6728	Soc. Sec. No.: [REDACTED] 1720
Residential Address (Street, City, State, Zip) 6105B Summer St. Honolulu, Hawaii	Residential Address (Street, City, State, Zip) Unknown; work address is 2100- 116 th Ave NE, Bellevue, WA 98004
Telephone No.: (808) 396-7628	Telephone No.: ()
Employer: HAWAII PACIFIC HEALTH	Employer: Herman & Recor
Empl. Address: 55 Merchant St, #26 Honolulu, Hawaii 96813	Empl. Address: same as above
Empl. Phone No.: (808) 522-4590	Empl. Phone No.: (425) 451-1400

Additional information: _____

☐ Addendum To Confidential Information Form is attached.

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because Mr. Krening refuses to provide his home address.

Signed on 7/1/09 (Date) at Honolulu, Hawaii (City and State).


Petitioner/Respondent